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Arrhythmias

THE USE OF EPLERENONE FOLLOWING CATHETER ABLATION IMPROVES PROCEDURAL OUTCOMES IN PATIENTS WITH LONG-STANDING PERSISTENT AF

ACC Moderated Poster Contributions
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Session Title: Arrhythmias: AF/SVT: Continuing Role of Pharmacologic Therapy for Atrial Arrhythmias
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Background: In several studies, it has been reported that suppression of the renin-angiotensin-aldosterone (RAA) system can prevent new-onset of atrial fibrillation (AF) and recurrence of AF after cardioversion in clinical practice. However, there has been no report demonstrating the relation between the use of RAA blocker and clinical outcomes after catheter ablation of AF. The purpose of this study is to investigate the effect of eplerenone, a selective aldosterone blocker, on clinical outcomes after ablation of persistent AF.

Methods: This study included 152 consecutive patients who underwent catheter ablation of long-standing persistent AF between Nov. 2007 and Oct. 2010. The drugs used were eplerenone in 45 patients (eplerenone gruop), and either angiotensin converting enzyme inhibitor (ACEI) or angiotensin type 1 receptor blocker (ARB) in the remaining 107 patients (non-eplerenone gruop).

Results: During mean follow-up period of 24 months, 84 patients (55%) were free from AF recurrences. Kaplan-Meier curve showed that arrhythmia free rate was 60% in eplerenone group and 38% in non-eplerenone group (P = 0.012 by log rank test). In cox regression analysis, only subsequent use of eplerenone was significantly associated with favorable outcomes (HR = 0.514; 95% CI 0.302-0.874, P = 0.014).

Conclusion: The use of Eplerenone following catheter ablation may improve procedural outcomes in patients with long-standing persistent AF.